

Certification Statement

I certify that the facility(ies) named below has at least 25% of its enrolled participants eligible for F/RP meals; is eligible to claim meals retroactive between December 21, 2000 and April 1, 2001; and has records to document meals served.

Name of Facility(ies):

I will begin claiming meals for this/these facilities beginning on _____.
(date)

Signature of Institution's
Authorized Representative

Title

Date

Distribution: Controller's Office DHP Budget Office SNP Consultant